

Application No. Filing Date Examiner Group A	
	rt Unit
10/579,880 March 30, 2007 Jeffery Nickerson 214	2
Invention: ANALOG SIGNAL INPUT/OUTPUT SYSTEM USING NETWORK LINES	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) Application Number 10/579,880 TRANSM March 30, 2007 Filing Date Mikio HASEGAWA et al. For FY 2008 First Named Inventor Examiner Name Jeffery Nickerson Applicant claims small entity status. See 37 CFR 1.27 2142 Art Unit 135292-0001 \$1,650.00 Attorney Docket No. TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) ☐ None Other (please identify): Credit Card Money Order Butzel Long Deposit Account Name: Deposit Account Number. Deposit Account 12-2136 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) Indicated below Charge any additional fee(e) or any underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity Small Entity Foos Paid(\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) **Application Type** 210 105 155 510 255 310 Utility 65 130 100 50 210 105 Design 80 155 160 105 310 210 Plant 310 620 510 255 155 310 Reissue ٥ 0 0 210 105 **Provisional Small Entity** 2. EXCESS CLAIM FEES Fee (S) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 105 210 Each independent claim over 3 (including Relsaues) 185 370 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Fee Paid (\$) Fee (\$) Extra Claims Total Claims 00.02 - 20 or HP = \$50.00 HP = highest number of total claims peld for, if greater than 20. Fee Paid (\$) Extra Chairma For (\$) Indep. Claims \$0.00 - 3 or HP = \$210.00 = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fep (\$) Number of each additional 50 or fraction thereof Extra Sheets Total Sheets (round up to a whole number) x \$260.00 \$0,00 / 50 0 Fee Pald (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) \$1,650.00 Other (e.g., late filing surcharge): Three Month Extension of Time and Notice of Appeal SUBMITTED BY Registration No. 734-995-3110 Telephone 32.816 Signature Date July 23, 2009 Michael S. Gzybowski Name (Print/Type)

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to USPTO to process) an application. Confidentiatity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to useful to properly and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, complete, including gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Any comments on the amount of time you require to Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ON NOT SEND FEES OR OMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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